



The Municipal Roads General Permit (MRGP) requires that municipalities submit an annual report form on the municipality's progress in implementing the MRGP standards. Submission of this Annual Report form complies with the annual reporting requirements in Part 5.2 of the MRGP.

### Section A: Permittee Information

1. Name of Municipality:		2. Permit Number: - 9040	
3a. Name of ranking elected official or other duly authorized employee:			
3b. Title:			
4a. Mailing Address:			
4b. City/Town:		4c. State: VT	4d. Zip:
5. Phone:		6. Email(s):	
7. Additional Contact Name(s) and email(s):			

### Section B: Confirmation of MRGP Compliance Status

Municipalities are required to review the following information in the DEC Implementation Table Portal at:

<https://anrweb.vt.gov/DEC/IWIS/MRGPReportViewer.aspx?ViewParms=True&Report=Portal>

Confirm and check the following box:

Municipality has updated the Implementation Table Portal to reflect any changes in road segment status (Fully, Partially, Does not Meet) and any changes to the hydrologically-connected road segment status.

### Section C: Certification

By submission of this annual report form, the municipality acknowledges there is a minimum implementation requirement for non-compliant road segments to meet MRGP standards and that the REI database must be updated before April 1<sup>st</sup>, annually. This data is contained in the Portal Progress Report (see link in Section B).

This annual report shall be signed by a ranking elected official or other duly authorized employee consistent with 40 CFR §122.22(b) and certified as follows:

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

\_\_\_\_\_

Print Name

\_\_\_\_\_

Title

\_\_\_\_\_

Signature

\_\_\_\_\_

Date

### Submission Instructions:

Please submit this form via **ANR Online** at [https://anronline.vermont.gov/?formtag=WSMD\\_Intake](https://anronline.vermont.gov/?formtag=WSMD_Intake)

Direct submission questions to [ANR.WSMDStormwaterGeneral@vermont.gov](mailto:ANR.WSMDStormwaterGeneral@vermont.gov)

If unable to submit on-line, mail the completed form to:

Vermont DEC - Watershed Management Division - 1 National Life Drive, Davis 3 - Montpelier, VT 05620-3522